

<b>Case Number:</b>	CM14-0030995		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male who sustained an injury to his back on 10/05/2001 when he fell from a ladder. Plain radiographs did not reveal a fracture. The injured worker kept working, although he continued to have pain in his upper and low back. An MRI of the right shoulder revealed a torn tendon. Subsequently, the injured worker had a surgery on the right shoulder on 05/01/02, followed by outpatient physical therapy. The injured worker went back to work 8 days later, but could not continue to work because of pain and weakness in the right shoulder. The records indicate that the injured worker has had numerous outpatient therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pain medicine follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

**Decision rationale:** The request for pain medicine follow up is not medically necessary. The previous request was denied on the basis that a follow up to pain management was certified in January 2014, but there has been no submitted report from pain management. There was no

documentation of medications or current report. Psychologist report only documents medication from the psychiatrist. It was reported that the injured worker completed a functional restoration program. Given the lack of any time limited treatment plan from pain management and that there was no documentation to support more follow ups, the request was not deemed as medically necessary. After reviewing the submitted medical documentation, there was no additional significant information provided that would support reversing the previous adverse determination. Given this, the request for pain management follow up is not indicated as medically necessary.